Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 We Care About Your Health

No.

			· ·					
CUSTOME	R NAME	(J) (J)	·.	•	DATE		123004	
ADDRESS		KAG	MKM		CONTRACT	REF.	. ,	
CONTACT PERSON TEL. NO.								
Equipmen	t Description:	3000	GRO					
Visit Frequency :Week/Month Last Microbiology Test Result / Remarks:								
SERVICE REPORT Cheek On RD Syxfon								
	COMMENTS:			/				
pe	ed Mofo	R Jun	pnoth	unct	7'0>1		· · ·	
V					CHECKLI commendation)			
Anti-scala	nt Level		14	UV Li	ght Unit (s)			
Chlorine L	evel	1.0	mg/1	Ozona	ator	O	+	
Pre-filter	·	0	4	Hardn	ess Reading	N	GRA	
ost-filter		0	K	Feed \	Water TDS	16	03 gry	
eed Pump	Pressure	20/	200 PS/	Produ TDS	ct Water		47 PRM	
Permeate I	Flow Rate (GPM	1) 20	Gpm1	Chlori	ne Reading		10	
leject Flov	v Rate (GPM)		<i>U</i>	Others	5			
Recomment of	dation (indicat	/Y" /	4 4	parts of	f system inspe	cted):	, check	
endu	14, 1089	Chloud		1/1/10	1 KO NO	dve	, well of	
ime Start	Time Finished		Performed by & Signature	C	ustomer Rep. N	ame, S	ignature, Date	
-		Rod	be by R	4	plury	en)	
		, , , , , , , , , , , , , , , , , , , 		7	7	0		

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No.

CUSTOM	FR NAME	ĵ)(1)	•	DATE	· · · · · · · · · · · · · · · · · · ·	1) 7/ 8-		
		<u> </u>	11201				12604		
ADDRESS			AGMAN	CONTRACT	REF.	• • • • • • • • • • • • • • • • • • • •			
CONTACT	PERSON		TEL. NO.						
Equipment Description: 3100 Gpv									
Visit Frequency :: Week/Month Last Microbiology Test Result / Remarks:									
SERVICE REPORT RO Septem not operation of no water of ROTON FINDINGS/COMMENTS: Pressure switch of feed motor not function.									
FINDINGS	S/COMMEN	TS: 🐧		/	7 /	1:			
pres	sure &	myte	chof feed mo;	tor no	1 June	17021	<i>z</i> .		
			FION & MAINTEN briefly result of inspection						
Anti-scala	······································	vezcune	3/4		: Unit (s)				
Chlorine L	evel		1.0 mg/(Ozonato	r	P	4		
Pre-filter			Ok.	Hardnes	s Reading	/2	Gpg		
Post-filter			OK	Feed Wa	ter TDS	100	D DAM		
Feed Pump	Pressure		40/200 ps	Product \ TDS	Water	2	6 Jams		
Permeate I	Flow Rate (GРМ)	2.0 5PM	Chlorine	Reading	,	10		
Reject Flov	v Rate (GPI	4)		Others					
Recommendation (indicate particular work done or parts of system inspected): Checky									
Hardney, Tos; Chlorlae of feed this i to product, week for									
ime Start Time Finished Work Performed by & Customer Rep. Name, Signature, D									
		Rod de los Ley MARGARET ANTONETIE TELLOTA -JON 1							
	(are-n			<u></u>					

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CUSTOM	ER NAME	4	Sys			DATE		12204		
ADDRESS	5	K	AGMI	M		CONTRACT	REF.			
CONTACT	PERSON		TEL. NO.							
Equipment Description: 3000 Gpm										
Visit Frequ	iency	:Weel	Last Microbiology Test Result / Remarks:							
SERVICE	REPORT	Oui	eli d	n 20 d	yor	Chy Chy				
FINDINGS	COMMEN	TS:			/		()			
feed	red	adj	ustr	very at	PE	essue eu	utel	1		
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)										
Anti-scala	Anti-scalant Level 3/4 UV Light Unit (s)									
Chlorine L	evel		1.0	mg/6	Oz	onator	Oli			
Pre-filter			0	k.	Ha	rdness Reading	1	2 Gpg		
Post-filter			0	d.	Fee	ed Water TDS	89	18 PM		
Feed Pump	Pressure		30/	200 ps/	Pro TD:	oduct Water S	.6	with the		
Permeate l	Flow Rate (GРM)	1,8	Epm	Chl	orine Reading		<i>J</i>		
Reject Flov	Reject Flow Rate (GPM) Others									
Recomment of the second	dation (ind The cert	licate p	articular puls Ld Hr	work done of	r parts	s of system insper feed mistor	ected) (1)	on level		
Fime Start	Time Finis	hed (Performed by Signature	· I ligromer ken ivamezaldilatibi G.Datc					
		K	Lod d	od de bor Reyer Jan						
•						•				

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сиѕтоме	R NAME		D95	12-11-06					
ADDRESS		K	AGMAN		CONTRACT	REF.	- ',		
CONTACT	PERSON	· · ·			TEL. NO.				
Equipment Description: (3 000) GM									
Visit Frequency :: Week/Month Last Microbiology Test Result / Remarks:									
SERVICE REPORT Clean The Monterone of PO Wint.									
FINDINGS	S/COMMEN	12:	,	1	U				
flow production nating High TDS INSPECTION & MAINTENANCE CHECKLIST									
V	INS	SPECT Describe	TION & MAINTEN briefly result of inspectio	IANCE (CHECKLIS	ST			
Anti-scala			full		t Unit (s)				
Chlorine L	evel		U. Ong/L	Ozonato	r	0	k		
Pre-filter			Ok.	Hardnes	s Reading	16	9pg		
Post-filter			hewleyreplace	Feed Water TDS		1/2	V ppy		
Feed Pump	Pressure		20/190 pc/	Product TDS	Water	87	PRM.		
Permeate I	Flow Rate ((GPM)	23 Gpm	Chlorine	Reading				
Reject Flov	-	-	,	Others					
Recommendation (indicate particular work done or parts of system inspected): Clean he Menterone, Check Hardner, DS, Chroman ; beed Hug B producy, cluck appearance process									
Time Start Time Finished Work Performed by & Customer Rep. Name, Signature,						ignature,Date			
Korldih Ry - Mercia 12/11/0							12/11/06		
/ / 88									

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No.

CUCTO		()	100	>		DATE	<u>-</u> -			
CUSTOME	RNAME	<u> </u>	10			DATE		12-5-00		
ADDRESS		K	AGN	H)		CONTRACT	REF.	<u>·</u>		
CONTACT PERSON TEL. NO.										
Equipment Description: 3000 CPD										
Visit Frequency :: Week/Month Last Microbiology Test Result / Remarks:										
SERVICE REPORT Check on RD System										
FINDINGS	/COMMENTS	5:			•	, , , , , , ,				
	INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)									
, , ,					nt Unit (s)					
Chlorine Le	evel		4.8	ng/(Ozonat	Ozonator OK				
Pre-filter			OK	· . / '	Hardne	ss Reading	1	3 Copy		
Post-filter			ok		Feed W	ater TDS	10	72 pm		
Feed Pump	Pressure		n/	200 pg	Produc TDS	t Water	8	7 mm		
Permeate i	low Rate (G	РМ)	1,5	Gpm'	Chlorin	e Reading		JV:		
Reject Flov	v Rate (GPM))		· .	Others					
Recommendation (indicate particular work done or parts of system inspected): Check he foron fevel; Check hardwes, 1085' Check he great two 120 products										
Time Start Time Finished Work Performed by & Customer Rep. Name, Signature, Date							gnature,Date			
	Keldelin Bossel									
	•			· •	,					

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No.

сиѕтомв	R NAME	1	US	DATE 11-27					
ADDRESS		K	AGNA			CONTRACT	REF.		
CONTACT	PERSON		-	TEL. NO.					
Equipment Description: 3000 GM									
Visit Frequ	ency	:Weel	c/Month Last	Microbiolo	gy Test R	esult / Remarl	ks:		
SERVICE REPORT checle on RD Fyr Long									
FINDINGS								/ ,	
heed to refill frown on jujector tank									
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)									
Anti-scala	Anti-scalant Level full UV Light Unit (s)								
Chlorine L	evel		10 mg	1/6	Ozonat	or	Q	le	
Pre-filter			of 1		Hardne	ss Reading	11	1 Copy	
Post-filter			Ok		Feed W	ater TDS	9	VB Jah	
Feed Pump	Pressure		20/2	00 ps/	Produc TDS	t Water		63 pm	
Permeate I	Flow Rate	(GPM)	1.5	GPM	Chlorin	e Reading			
Reject Flow Rate (GPM) Others									
Recommendation (indicate particular work done or parts of system inspected): handneed thelegraphical from on yellow Tank, with handneed the work of the production of the first particular work done or parts of system inspected): handneed the first particular work done or parts of system inspected): handneed the first particular work done or parts of system inspected): handneed the first particular work done or parts of system inspected): handneed the first particular work done or parts of system inspected): handneed the first particular work done or parts of system inspected): handneed the first particular work done or parts of system inspected): handneed the first particular work done or parts of system inspected): handneed the first particular work done or parts of the first parts o									
Time Start	Fime Start Time Finished Work Performed by & Customer Rep. Name, Signature, Dat							Signature, Date	
	Rod de la Pequadral								
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		,							
CUSTOMER NAME	DUS	-	DATE	11-27-09					
ADDRESS	KAEMM		CONTRACT	REF.					
CONTACT PERSON	TEL. NO.								
Equipment Description: 3000 CM									
Visit Frequency ::Week/Month Last Microbiology Test Result / Remarks:									
SERVICE REPORT	well on RD	Fyrt	2y						
FINDINGS/COMMENTS:	,		. •						
sehedule for	neuhren	Cle	ing	•					
INSPE	CTION & MAINTEN	ANCE (CHECKLIS	ST					
(Desc	ribe briefly result of inspection	n and recor	nmendation)						
Anti-scalant Level	full	: Unit (s)							
Chlorine Level	1-0mg/6	Ozonato	r	ok					
Pre-filter	OR.	Hardnes	s Reading	14 Gpg					
Post-filter	ok	Feed Wa	ter TDS	1224 Pgn					
Feed Pump Pressure	30/200 pg	Product TDS	Water	27 pm					
Permeate Flow Rate (GP)	1) 1, J Gpm	Chlorine	Reading						
Reject Flow Rate (GPM)		Others							
Recommendation (indicate particular work done or parts of system inspected): It TDS Check & Refill & Wordn for Myertar Touch, "TDS									
Chlown of Hardness of xeed town to module									
Fime Start Time Finished Work Performed by & Customer Rep. Name, Signature									
	Rold borkey Daniel								

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No.

CUSTOME	R NAME	1	145	۲,	DATE		11-11-0%		
ADDRESS		ļ	(AB)	MA	,	CONTRACT F	REF.	•	
CONTACT P	ERSON					TEL. NO.			
Equipment Description: 300 CPO									
Visit Freque	ency	:Weel	c/Month	Last Microbiolo	gy Test Re	esuit / Remark	s:		
SERVICE REPORT Cheek on Re System									
FINDINGS									
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)									
						nt Unit (s)			
Chlorine Le	evel		1.0) ng/l	ng / Ozonator AC				
Pre-filter			0	4.	Hardne	ss Reading	7	Copq	
Post-filter	,		reed.	rieplace	Feed W	ater TDS	10	,8 pm	
Feed Pump	Pressure		30,	1200 ps1	Produc TDS	t Water		O pan.	
Permeate F	low Rate	(GPM)	13	Gynn	Chlorin	e Reading	·····		
Reject Flow	v Rate (GF	M)	,	<i>V</i> · · · · · · · · · · · · · · · · · · ·	Others				
Recommendation (indicate particular work done or parts of system inspected): o production less of pred the first of production of system inspected):									
Check	ope	ranc	m p	vene	, <i>U</i>				
Time Start	Time Fini	shed		ork Performed by & Customer Rep. Name, Signature, Da					
<u>.</u>			Podd	dde lorkey Bros					
				· · · · · · · · /			-		

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Filed 02/08/2007

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No.

CUSTOMER NAME		DUS	DATE	103104					
ADDRESS	P	AGMAN	CONTRACT F	REF.					
CONTACT PERSON	TEL. NO.								
Equipment Description: 3000 GPD									
Visit Frequency:Week/Month Last Microbiology Test Result / Remarks:									
SERVICE REPORT Check on RD Sylem									
FINDINGS/COMME	NTS:		7	,					
red to monitor the newtor motor ring									
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)									
Anti-scalant Level	, , , , , , , , , , , , , , , , , , ,	full	UV Light Unit (s)						
Chlorine Level		1.5 ngll	Ozonator	of					
Pre-filter		ok /	Hardness Reading	14 GPG					
Post-filter		Ok	Feed Water TDS	877 ppy					
Feed Pump Pressu	e	20/2000	Product Water TDS	30 pm					
Permeate Flow Rat	e (GPM)	1.5 Bym	Chlorine Reading	00					
Reject Flow Rate (GPM) Others									
Recommendation (indicate particular work done or parts of system inspected): The k yeston pup, Check hard hell, T) sq Check buse of feed									
Fime Start Time Finished Work Performed by & Customer Rep. Name, Signature									
Fime Start Time Fi	Signature Customer Rep. Name, Signature								
·		tool de bor Key	- JU. I an aft	R					

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No.

CUSTOMER NAME	.1	7// (<u> </u>		DATE	11	21601.		
	<u>\</u>	1000	<i>b</i> \(\sigma \)			\	1009		
ADDRESS	/ F	Hom,	[7]	· , ,	CONTRACT F	REF.	1,		
CONTACT PERSON			TEL. NO.						
Equipment Description: 3000 GPAD									
Last Microbiology Test Result / Remarks: Visit Frequency :: Week/Month									
SERVICE REPORT Meek on Ru Syrkm FINDINGS/COMMENTS:									
FINDINGS/COMMENTS:									
reed to monitare he wester purp motors									
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)									
Anti-scalant Level		/	Ü	UV Light Unit (s)			·		
Chlorine Level	1.0	mg/l	Ozona	itor	OK	\			
Pre-filter	Ok	2.	Hardn	ess Reading	14	Gpg			
Post-filter	ôk		Feed V	Water TDS	110	3 Pron			
Feed Pump Pressure	30/	700 PS/	Produ TDS	ct Water	35	prom			
Permeate Flow Rate	1.7	GAM	Chlori	ne Reading					
Reject Flow Rate (G		<i>y</i> , ,	Others	5					
Recommendation (in	ndicate p	articular	work done or	10 I/		ected): KV jes M m	vduy		
Time Start Time Sinished Work Performed by & Customer Reft Name, Signature, Dat							- `/ '		
		Bod d	ignature 2 lo Ley	-					
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P.O BOX 501808, SAIPAN MP 96950

Tel. No. 322-6130,322-5991

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No.

сиѕтоме	R NAME		DUS	e 	DATE	10/300			
ADDRESS			KAGMM		CONTRACT R	EF.			
CONTACT P	PERSON				TEL. NO.				
Equipmen	t Descriptio	on: (3000 GpD	•					
Visit Frequency :: Week/Month Last Microbiology Test Result / Remarks:									
SERVICE REPORT Wech on Ro System									
FINDINGS	/COMMENT			/		,			
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)									
Anti-scalant Level			full	UV Ligi	nt Unit (s)				
Chlorine Level			N. Vmg/l	Ozonat	or	ok			
Pre-filter			ch	Hardne	ss Reading	12 Gled			
Post-filter			of	Feed W	ater TDS	DST ppm			
Feed Pump Pressure			30/200 pel	Produc TDS	t Water	39 mm.			
Permeate Flow Rate (GPM)			1.5 Gm	Chlorin	e Reading	/ /			
Reject Flow Rate (GPM)				Others					
Recommen Mede /		icate p		19 fee	system insper	cted): Reproduct			
Treek	great), 8 24 /	/ <u>v</u> -	di p	won u	ny			
ime Start	Time Finisl	hed	Work Performed by a Signature	^և Ըպ	stomer Rep. Na	me, Signature, Date			
			Roldi h.	lyn	11 10	7-13-06			
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Tel. No. 322-6130,322-5991

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No.

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CUSTOMER NAME	DUS	DATE	10904						
ADDRESS	RACAMAN	CONTRACT R	EF.						
CONTACT PERSON		TEL. NO.							
Equipment Description	on: (3000 GPM))							
Visit Frequency	it Frequency:Week/Month Last Microbiology Test Result / Remarks:								
SERVICE REPORT Week on RD Syr Long									
-INDINGS/COMMENT	rs:	7							
iNVECTOR P	UMPFOR PUCO	n reed to tix.							
INS	PECTION & MAIN	TENANCE CHECKLISt tection and recommendation)	ST						
(L Anti-scalant Level	Pul	UV Light Unit (s)	·						
Chlorine Level	1.0 mg/L	Ozonator	0K						
Pre-filter	Ok.	Hardness Reading	13 G pg						
Post-filter	OK .	Feed Water TDS	1091 ppm						
Feed Pump Pressure	10/2001	Product Water TDS	8 pguj						
Permeate Flow Rate		Chlorine Reading	0						
Reject Flow Rate (GP	м)	Others							
Recommendation (in the graph X)	dicate particular work dor e yestek fun eg feed f RD p	ne or parts of system insper for the fand with the check of	etation						
ime Start Time Finis	shed Work Performed Signature	by & Customer Rep. N	ame, Signature, Date						
	Rodde lost	Eyes Juny	10.9.02						

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No.

CUSTOMER NAME		245		DATE		100204			
ADDRESS	1	KAGMAN		CONTRACT	REF.				
CONTACT PERSON				TEL. NO.		-			
Equipment Descrip	tion:	3000 GM	•						
Last Microbiology Test Result / Remarks: :Week/Month									
SERVICE REPORT Chiele on Po Fysley									
FINDINGS/COMMENTS: martine not of the fon, Pre-filter musi te uplace 10 musan sediment filter (2 x 10), con pressure reed to check the Soli noved Value. need to refel from for injectore tout.									
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)									
Anti-scalant Level	****	full		UV Light Unit (s)		·			
Chlorine Level		1.0 mg/L. Ozonato		nator Ø		K			
Pre-filter		Ok Junely	Hard	Hardness Reading		l Gra			
Post-filter		ox (riplace)	Feed	Water TDS	120	or ppu			
Feed Pump Pressure	3	m/ no pu	Product Water TDS		1.0	9 ppm.			
Permeate Flow Rate	(GPM)	1. 2 Gm	Chlorine Reading			<i>y y</i>			
Reject Flow Rate (G	PM)		Others						
Recommendation (indicate particular work done or parts of system inspected): replace The life to hicking, their the solinois balue for the mit ufill thrown or injector fank, thech perdues, this of the lene of feed of the product									
ime Start Time Fin	ished	Work Performed by & Signature	- I 5.5			Customer Rep. Name, Signature, Date			
	,	Rod de los keyn	- Basul			P			
			.,.						

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No.

		g	No. 10	*	<i>7</i> .		70			
CUSTOME	R NAME	4	<u>) </u>		· .	DATE	9200	TP_		
ADDRESS		K	AG	MAN		CONTRACT	REF.	,,		
CONTACT P	PERSON					TEL. NO.				
Equipmen	t Descripti	ion: (300	o exc)					
Visit Freque	ency	Last Microbiology Test Result / Remarks::Week/Month								
SERVICE REPORT Oùcede RO Egytem.										
FINDINGS/COMMENTS:										
chark from yector read to refill										
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)										
Anti-scalaı	nt Level		full UV Li		Light Unit (s)					
Chlorine Level			V. Ong Ozonate		nator	04				
Pre-filter			<i>ي</i>	de /	Har	dness Reading	BGF	أخفاست		
Post-filter			0	4	Fee	d Water TDS	1083 /	1 <u>1</u> 40-1		
Feed Pump Pressure			20,	1200 21	Pro TDS	duct Water	9V P	m		
Permeate Flow Rate (GPM)				Capen	Chlo	orine Reading				
Reject Flov	v Rate (GP		<i>y</i>	Oth	ers					
Recommen Caredo	dation (in	dicate p	articulai	work done o	pr parts	of system inspe	ected):			
TEST CALLOUTE & ACTOR TO I THE KINDY OF THE POSTER OF										
Time Start	Time Finis	shed		Vork Performed by & Customer Rep. Name, Signature, Dat				Date		
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